

HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

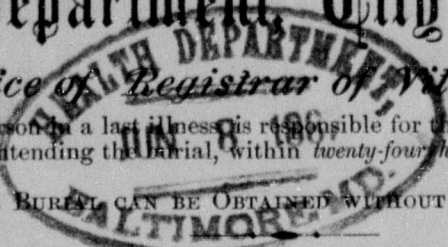
The Special Attention of Physicians is respectfully invited to the remarks below, and to the use of this form in the presentation of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 257 Office of Registrar of Vital Statistics. Ward 1<sup>st</sup>

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death, June 7. 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Miss Sarah J. Shipley

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 66 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, white

~~Married, Single, Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, None

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Balt. Md.

Duration of Residence in the City of Baltimore, Life long

Place of Death, { Give Street and Number. } 8 S. Patterson Park Ave

Cause of Death, { First (Primary), Second (Immediate), } Cerebral hemorrhage  
Paralysis

Duration of Last Sickness, One day

All the above information should be furnished by the Physician.

Place of Burial, Green Mount Cem.

Date of Burial, June 8, 1887

{ Undertaker, W. A. Sawyer & Co. M. D. G. H. Luck

{ Place of Business, 529 Broadway Address, 2000 S. Park St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



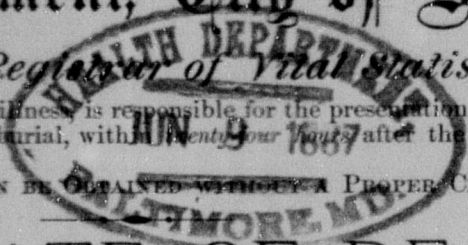
HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed: 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

# Health Department, City of Baltimore.

Permit No. A 252 Office of Registrar of Vital Statistics. Ward 14<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



B

## CERTIFICATE OF DEATH.

Date of Death, June 8. 87

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Annie Elizabeth Albiker

Sex, ~~Male~~ or Female, { Cross out the word not required in this line. }

Age, 27 Years, 8 Months,  Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Baltimore City

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore City

Duration of Residence in the City of Baltimore, Since birth

Place of Death, { Give Street and Number. } 1830 N. Pratt St.

Cause of Death, { First (Primary), Second (Immediate), } Symptomatic Asthma  
Typhoid fever

Duration of Last Sickness, 9 Days.

All the above information should be furnished by the Physician.

Place of Burial, London Park

Date of Burial, Jun 9<sup>th</sup>

Undertaker, Andrew Rohde

Place of Business, 730 Pennsylvania Address, 1830 N. Pratt St.

J. N. W. Kern

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks Below, and to Take of Diseases on Each of This Certificate.

# Health Department, City of Baltimore.

Permit No. **253**

Office of Registrar of Vital Statistics.

Ward **20<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **7/87**

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } **Eugene Proctor**

Sex, Male or Female, { Cross out the word not required in this line. } **Male**

Age, **4** Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, **ed**

Married, Single, Widow or Widower, { Cross out the words not required in this line. } **Single**

Occupation, \_\_\_\_\_

Birth Place, { State or country, and how long in the United States, if of foreign birth. } **Balto**

Duration of Residence in the City of Baltimore, **Life**

Place of Death, { Give Street and Number. } **13 Shields St**

Cause of Death, { First (Primary), Second (Immediate), } **Typhoid fever**

Duration of Last Sickness, **2 months**

All the above information should be furnished by the Physician.

Place of Burial, **Sharp Cemetery**

Date of Burial, **June 9<sup>th</sup> 1887**

Undertaker, **Chas W Chan**

Place of Business, **64 S. Howard**

Medical Attendant, **L. A. Fleming M. D.**

Address, **601 Franklin**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No. A-2524 Office of Registrar of Vital Statistics. Ward 15<sup>c</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death, June 8/87

Full Name of Deceased, Frederick Wilson  
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, Male  
{ Cross out the word not required in this line. }

Age, 65 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days.

Color, Colored

Married, Single, Widow or Widower, Single  
{ Cross out the words not required in this line. }

Occupation, Labourer

Birth Place, Balto.  
{ State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, \_\_\_\_\_

Place of Death, 215 Hughes St  
{ Give Street and Number. }

Cause of Death, Paralysis  
Asthma  
{ First (Primary), Second (Immediate), }

Duration of Last Sickness, \_\_\_\_\_

All the above information should be furnished by the Physician.

Place of Burial, Sharps Cemetery

Date of Burial, June 9<sup>th</sup> 1887

Undertaker, Mamuel W. Chase M. D.

Place of Business, 677 Howard St Address, 677 Sharps  
Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



# Health Department, City of Baltimore.

Permit No. 253 Office of Registrar of Vital Statistics. Ward 9<sup>11</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four* hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, June 7<sup>th</sup> 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Edw. C. Turk

Sex, Male or ~~Female~~, { Cross out the word not required in this line. }

Age, 52 Years, \_\_\_\_\_ Months, \_\_\_\_\_ Days

Color, White

Married, Single, ~~Widow or Widower~~, { Cross out the words not required in this line. }

Occupation, Clerk

Birth Place, { State or country, and how long in the United States, if of foreign birth. } N.Y. State

Duration of Residence in the City of Baltimore, 15 years

Place of Death, { Give Street and Number. } 405 W Lombard St.

Cause of Death, { First (Primary), Second (Immediate), } Chronic Bronchitis

Duration of Last Sickness, 18 mos

All the above information should be furnished by the Physician.

Place of Burial, New Cathedral Cem

Date of Burial, June 9<sup>th</sup> 1887

{ Undertaker, Geo. F. Byrne } H. W. Oving M. D. Medical Attendant.

{ Place of Business, 57 N Liberty St } Address, 1319 Madison Ave

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



Board of Health, City of Baltimore,

Permit No. A 256

Office of Registrar of Vital Statistics.

Ward 11<sup>th</sup>

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within *twenty-four hours* after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,June 8<sup>th</sup> 1878

Full Name of Deceased, Write legibly and spell correctly. If an Infant not named, give names of parents. Edward Smith

Sex, Male or ~~Female~~, Cross out the word not required in this line.

Age, 4 Years,        Months, 12 Days.

Color, Colored

~~Married~~, Single, ~~Widow~~ or ~~Widower~~, Cross out the word not required in this line.

Occupation,

Birthplace, State or country, and how long in the United States, if of foreign birth. Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, Give street and number. 542 Orchard St.

Cause of death, First, (Primary.) Meningitis (Cerebral) & Pneumonia

Second, (Immediate.)

Duration of Last Sickness, 3 days

Place of Burial, Sharp St. Cemetery

Date of Burial, June 9 1878

Undertaker, Ally Kennedy

Place of Business, 561 Orchard St.

Address, John below Franklin

Dr. Lroy Smith M. D.,

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death, to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

## Health Department, City of Baltimore.

Permit No.

*A 257*

Office of Registrar of Vital Statistics.

Ward

*17<sup>2</sup>/<sub>4</sub>*

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

### CERTIFICATE OF DEATH.

Date of Death,

*June 8/87*

Full Name of Deceased,

{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

*Annie Ehrman*

Sex, ~~Male~~ or Female,

{ Cross out the word not required in this line. }

Age,

*2* Years,

*9* Months,

Days.

Color,

*white*

Married, Single, Widow or Widower,

{ Cross out the words not required in this line. }

Occupation,

Birth Place,

{ State or country, and how long in the United States, if of foreign birth. }

*Balt.*

Duration of Residence in the City of Baltimore,

Place of Death,

{ Give Street and Number. }

*1246 Huelst. L. Pt.*

Cause of Death,

{ First (Primary),

*Diphtheritic Croup*

Second (Immediate),

*Asthenia*

Duration of Last Sickness,

*10 days*

All the above information should be furnished by the Physician.

Place of Burial,

*Schwaartz's Cem.*

Date of Burial,

*June 9th*

{ Undertaker,

*W. O. Dwyer*

*R. W. Mansfield*

M. D.

Medical Attendant.

{ Place of Business,

*151 S. Bond St.*

Address, *129 S Broadway*

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 258**

Office of Registrar of Vital Statistics.

Ward **17<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **June 8<sup>th</sup>**

Full Name of Deceased, **George A. Pick**

Sex, **Male** or Female, **Male**

Age, **77** Years, **5** Months, **—** Days

Color, **White**

Married, **Single**, ~~Widow~~ or ~~Widower~~, **Single**

Occupation, **Shoemaker**

Birth Place, **Germany**

Duration of Residence in the City of Baltimore, **53** Years

Place of Death, **125 Randall St.**

Cause of Death, **Bright's Disease**  
**Anemia**

Duration of Last Sickness, **4** Years

All the above information should be furnished by the Physician.

Place of Burial, **Baltimore Cemetery**

Date of Burial, **June 10**

Undertaker, **Bernard Haele**

Place of Business, **115 West St.**

**Arthur B. [Signature]** M. D.  
Medical Attendant.

Address, **947 Madison Ave**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



HEALTH DEPARTMENT BUREAU OF VITAL STATISTICS BALTIMORE CITY, cm 1132. Printed 10/25/2022.

The Special Attention of Physicians is respectfully invited to the remarks below, and to the fact that a

# Health Department, City of Baltimore.

Permit No.

A 257

Office of Registrar of Vital Statistics.

Ward

31

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death,

June 7, 1887

Full Name of Deceased,

Write legibly and spell correctly. If an Infant not named, give names of parents.

Mr. Andrew Boyd Lewis

Sex, Male or Female,

Cross out the word not required in this line.

Age,

75 Years,

Months,

Days.

Color,

white

Married, Single, Widow or Widower,

Cross out the words not required in this line.

Occupation,

Rope-maker

Birth Place,

State or country, and how long in the United States, if of foreign birth.

Balt. City, Md.

Duration of Residence in the City of Baltimore,

Life time

Place of Death,

Give Street and Number.

116 S. Chester St.

Cause of Death,

First (Primary),

Second (Immediate),

Cerebral Hemorrhage

Paralysis

Duration of Last Sickness,

Three weeks

All the above information should be furnished by the Physician.

Place of Burial,

Baltimore Cemetery

Date of Burial,

June 10/87

Undertaker,

Wm S. May

G. G. Cook

M. D.

Medical Attendant.

Place of Business,

301 N Broadway

Address,

Wood J. Bach. Jr.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]



The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to Last of Diseases on back of this Certificate.

# Health Department, City of Baltimore.

Permit No. **A 260** Office of Registrar of Vital Statistics. Ward **14<sup>th</sup>**

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.  
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

## CERTIFICATE OF DEATH.

Date of Death, **May 28<sup>th</sup> 1884**

Full Name of Deceased, **John Howell Gatchell** { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, **Male** { Cross out the word not required in this line. }

Age, **3** Years, **5** Months, **3** Days.

Color, **White**

Married, **Single** { Cross out the words not required in this line. }

Occupation, **Merchant**

Birth Place, **Baltimore City** { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, **Life time**

Place of Death, **1423 W. Lombard St** { Give Street and Number. }

Cause of Death, **Bright's Disease** { First (Primary), Second (Immediate), }

Duration of Last Sickness, **Cannot say Was only called in two weeks before death**

Place of Burial, **Greenmount**

Date of Burial, **June 10<sup>th</sup> 1884**

Undertaker, **Howe & Son**

Place of Business, **Park Saratoga** Address, **345 N. Charles St**

Medical Attendant, **Thomas Shearer M. D.**

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]